



FOREIGN SERVICE REPORT OF DEATH OF AN AMERICAN CITIZEN

To enable us to better serve you, please answer ALL question on this form.

Date Stamp

Full name of the deceased _____

Date & place of birth _____
Birth in the U.S. (City, State, Country) Birth Abroad (City/Parish, Country)

Evidence of U.S. citizenship: _____ **SSN:** _____

Address in U.S.A. _____

Local Address (Temp /Perm) _____

Date & place of death (location) _____

Cause of death _____

Disposition of remains (cremated, buried, or shipped) _____
If buried locally, please name the cemetery above the line.

Person in possession of personal effects (and relationship to deceased) _____

Next-of-kin contact information & or person residing locally with deceased:

(NOK's [Spouse / Child / Parent] name, address, email & tel. #)

If you are not the next-of-kin, please provide your name, contact # and relationship to the deceased:

Signature (person completing form)

Official Use Only

Report Received By (ACS rep) _____ **Date** _____

Preliminary Death Report Prepared Yes No **Date** _____

Original Death Cert Received Yes No **Date** _____

Final Report Prepared Yes No **Date** _____

SSA Yes No **ECAS** Yes No **Vital Records** Yes No